



**CITY OF WALTHAM**  
**FOOD ESTABLISHMENT INSPECTION REPORT**

Board of Health  
119 School Street  
Waltham, MA 02451  
Tel. (781) 514-3308  
Fax. (781) 514-3318

Name	Fitzgerald School	Date	6/6/19	Type of Operation(s)	Type of Inspection
Address	140 Belk Road	Risk Level	HACCP Y/N	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone				<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:		
Person in Charge (PIC)	Cherie Dolan	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation		
Inspector	M. DelFino	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness		
		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint		
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP		
			<input type="checkbox"/> Other		
			Permit No.		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

**FOOD PROTECTION MANAGEMENT**

- 1. PIC Assigned / Knowledgeable / Duties

(Yes)

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

**EMPLOYEE HEALTH**

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

**PROTECTION FROM CHEMICALS**

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

**FOOD FROM APPROVED SOURCE**

- 4. Food and Water from Approved Sources
- 5. Receiving / Condition
- 6. Tags / Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures / HACCP Plans

**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

**PROTECTION FROM CONTAMINATION**

- 8. Separation / Segregation / Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

- 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- 22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)**  
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Y	N	Violation Description	Code
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		29. Special Requirements	(590.009)
		30. Other	

2010 Inspection Form - 14.doc

Number of Violations Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF REINSPECTION:**

Inspector's Signature:	Print:	Page ____ of ____ Pages
PIC's Signature:	Print:	
Date Last Inspected:	Inspected by:	

<i>Safes factory</i>
<i>Hard - 8-10-18 (Annual) Unlocked Bulk/HWJ storage</i>

PLEASE BE ADVISED (C)

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.





# CITY OF WALTHAM

## FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health  
119 School Street  
Waltham, MA 02451  
Tel. (781) 314-3305  
Fax. (781) 314-3319

Name <i>Kennedy Middle School</i>	Date 6-6-12	Type of Operation(s)	Type of Inspection
Address 655 Lexington St	Risk Level	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-Inspection
Owner	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	<input type="checkbox"/> Previous Inspection
Person in Charge (PIC) <i>Tanja Peterson</i>	Time	<input type="checkbox"/> Mobile	Date:
Inspector <i>Evan A. Colon</i>	In: 10:25	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
	Out: 11:40	<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
			<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other
		Permit No.	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
Anti-Choking  Tobacco   
590.009 (B)  590.009 (F)

✓ ✓

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties ✓ ✓

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving / Condition  
 6. Tags / Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures / HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation / Segregation / Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygiene Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)**  
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Y	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.008)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.009)
		29. Special Requirements (590.009)
		30. Other

AL 001 Inspection Form 14-1200

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operation. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF REINSPECTION:

Inspector's Signature: <i>Tanja Peterson</i>	Print: <i>Tanja Peterson</i>	Page ____ of ____ Pages
PIC's Signature: <i>Tanja Peterson</i>	Print: <i>Tanja Peterson</i>	
Date Last Inspected: <i>2-12-12</i>	Inspected by: <i>M.D.</i>	

<i>Satisfactory</i>

PLEASE BE ADVISED TP

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.





# CITY OF WALTHAM

## FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health  
119 School Street  
Waltham, MA 02451  
Tel. (781) 314-3305  
Fax. (781) 314-3319

Name <u>MacArthur School</u>	Date <u>6/11/19</u>	Type of Operation(s)	Type of Inspection
Address <u>484 Lincoln St.</u>	Risk Level	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection
Person in Charge (PIC) <u>Melissa Tugman</u>	Time	<input type="checkbox"/> Mobile	Date:
Inspector <u>Paul A. Colon</u>	In: 10:05	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
	Out: 10:20	<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
			<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other
		Parmil No.	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

### **Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
Anti-Choking  Tobacco   
590.008 (E)  590.009 (F)

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties Yes

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employees and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving / Condition  
 6. Tags / Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures / HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation / Segregation / Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)**  
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Y	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

3. BOS Inspection Form 14-010

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF REINSPECTION:**

Inspector's Signature: <u>J. A. Colon</u>	Print: <u>Jean A. Colon</u>	Page _____ of _____ Pages
PIC's Signature: <u>Melissa Tugman</u>	Print: <u>Melissa Tugman</u>	
Date Last Inspected: <u>7-11-19</u>	Inspected by: <u>T.C.</u>	

<p style="text-align: center;"><i>Satisfactory</i></p>
--

PLEASE BE ADVISED M.T.

The completed inspection report form is a public record as defined in M.G.L.c. 4, s. 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



# CITY OF WALTHAM

## FOOD ESTABLISHMENT INSPECTION REPORT

**Board of Health**  
 118 School Street  
 Waltham, MA 02451  
 Tel. (781) 314-3305  
 Fax. (781) 314-3319

Name <i>McAuliffe School</i>	Date <i>8/12/14</i>	Type of Operation(s)	Type of Inspection
Address <i>494 Lincoln St</i>	Risk Level	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection
Person in Charge (PIC) <i>Melissa Tappin</i>	Time In: <i>10:00</i>	<input type="checkbox"/> Mobile	Date:
Inspector <i>Mike D'Fino</i>	Out: <i>10:16</i>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
		<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
		Permit No.	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

*Yes*

Non-compliance with:  
 Anti-Choking  Tobacco   
 \$90.000 (E)  \$90.000 (F)

### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

#### FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employees and PIC
- 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Sources
- 5. Receiving / Condition
- 6. Tags / Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures / HACCP Plans

#### PROTECTION FROM CONTAMINATION

- 8. Separation / Segregation / Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygiene Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP
- 22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)**  
 Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Y	N	Item	Description
		23. Management and Personnel	(FC-2)(690.003)
		24. Food and Food Protection	(FC-3)(690.004)
		25. Equipment and Utensils	(FC-4)(690.006)
		26. Water, Plumbing and Waste	(FC-5)(690.006)
		27. Physical Facility	(FC-6)(690.007)
		28. Poisonous or Toxic Materials	(FC-7)(690.008)
		29. Special Requirements	(690.008)
		30. Other	

8-1401/Inspection Form-14.doc

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factor (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 690.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF REINSPECTION:**

Inspector's Signature: <i>Mike D'Fino</i>	Print: <i>Mike D'Fino</i>	Page _____ of _____ Pages
PIC's Signature: <i>Melissa Tappin</i>	Print: <i>Melissa Tappin</i>	
Date Last Inspected: <i>6-11-14</i>	Inspected by: <i>PS</i>	

<i>Satisfactory</i>
<i>House - 8-2014 Dumpster ✓ Back door stored away</i>

PLEASE BE ADVISED *Not*

The completed Inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



# CITY OF WALTHAM

## FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health  
119 School Street  
Waltham, MA 02451  
Tel. (781) 314-3305  
Fax. (781) 314-3319

Name	McDevitt Middle School			Date	5/31/19	Type of Operation(s)		
Address	75 church st.			Risk Level		<input type="checkbox"/> Food Service	<input type="checkbox"/> Routine	
Telephone						<input type="checkbox"/> Retail	<input type="checkbox"/> Re-Inspection	
Owner				HACCP Y/N		<input type="checkbox"/> Residential Kitchen	<input type="checkbox"/> Previous Inspection	
Person in Charge (PIC)	<i>Stu</i>			Time		<input type="checkbox"/> Mobile	<input type="checkbox"/> Date:	
Inspector	M. Del Pino			In:	10:09	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation	
				Out:	10:23	<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness	
						<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint	
							<input type="checkbox"/> HACCP	
							<input type="checkbox"/> Other	
						Permit No.		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:  
Anti-Choking  Tobacco   
590.009 (E)  590.009 (F)

### **Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

#### FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

*(Yes)*

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

#### EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

#### PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

#### FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving / Condition
- 6. Trace / Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures / HACCP Plans

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 10. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

#### PROTECTION FROM CONTAMINATION

- 8. Separation / Segregation / Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)**  
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Y	N	Description	Code
	23.	Management and Personnel	(FC-2)(590.003)
	24.	Food and Food Protection	(FC-3)(590.004)
	25.	Equipment and Utensils	(FC-4)(590.005)
	26.	Water, Plumbing and Waste	(FC-5)(590.006)
	27.	Physical Facility	(FC-6)(590.007)
	28.	Poisonous or Toxic Materials	(FC-7)(590.008)
	29.	Special Requirements	(590.009)
	30.	Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 108 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

#### DATE OF REINSPECTION:

Inspector's Signature:	Print:	Michele Del Pino	Page ____ of ____ Pages
PIC's Signature:	Print:	Sandy Garcia	
Date Last Inspected:	Inspected by:	I.C.	

<i>Sandy Garcia</i>
<i>April 21, 2019 ✓ Dungavel teachers eat ✓ B.J./H.W. George ✓</i>

PLEASE BE ADVISED S-C

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 28 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



**CITY OF WALTHAM**  
**FOOD ESTABLISHMENT INSPECTION REPORT**

Board of Health  
118 School Street  
Waltham, MA 02451  
Tel. (781) 314-3305  
Fax. (781) 314-3319

Name	Mc Devitt Middle School	Date	9/11/19	Type of Operation(s)	
Address	75 church st	Risk Level		<input type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Telephone				<input type="checkbox"/> Retail	<input type="checkbox"/> Re-Inspection
Owner		HACCP Y/N		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC)	Lisa Grondona	Time		<input type="checkbox"/> Mobile	
Inspector	M. DeFino	In:	10:35	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
		Out:	10:50	<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
					<input type="checkbox"/> HACCP
					<input type="checkbox"/> Other
				Permit No.	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:  
Anti-Choking  Tobacco   
590.008 (E)  590.009 (F)

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

**FOOD PROTECTION MANAGEMENT**

- 1. PIC Assigned/ Knowledgeable / Duties

*(Yes)*

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

**EMPLOYEE HEALTH**

- 2. Reporting of Diseases by Food Employees and PIC
- 3. Personnel with Infections Restricted/Excluded

**PROTECTION FROM CHEMICALS**

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

**FOOD FROM APPROVED SOURCE**

- 4. Food and Water from Approved Source
- 5. Receiving / Condition
- 6. Tape / Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures / HACCP Plans

**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

**PROTECTION FROM CONTAMINATION**

- 8. Separation / Segregation / Protection
- 9. Food Contact Surface Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

- 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- 22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)**  
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Y	N	Violation Description	Code
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		29. Special Requirements	(590.009)
		30. Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 108 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF REINSPECTION:**

Inspector's Signature:	Print:	Mike DeFino
PIC's Signature:	Print:	Lisa Grondona
Date Last Inspected:	Inspected by:	Page ____ of ____ Pages
5-31-19	MP	

<i>Sets factory</i>
<i>5-18-19 Dugout / Bus/1st w/ milk ✓ teachers own ✓</i>

PLEASE BE ADVISED LG.

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



# CITY OF WALTHAM

## FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health  
119 School Street  
Waltham, MA 02451  
Tel. (781) 314-3305  
Fax. (781) 314-3319

Name	North East School		
Address	70 Putney Lane		
Telephone			
Owner	HACCP V/N		
Person In Charge (PIC)	Laurie Cence		
Inspector	m. Delfino		
Date	3/13/19		
Risk Level			
Time			
In:	7:02	Out:	7:35
Permit No.			
Type of Operation(s)	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast		
Type of Inspection	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection <input type="checkbox"/> Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

*Non-compliance with:*  
 Anti-Choking  Tobacco   
 590.009 (E)  590.009 (F)

### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

#### FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

*Yes*

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

#### EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employees and PIC
- 3. Personnel with Infections Restricted/Excluded

#### PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

#### FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 8. Receiving / Condition
- 9. Tags / Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures / HACCP Plans

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

#### PROTECTION FROM CONTAMINATION

- 6. Separation / Segregation / Protection
- 8. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP
- 22. Posting of Consumer Advisory

**Violations Related to Good Retail Practices (Blue Items)**  
 Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Y	N	Violation Description	Citation
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		29. Special Requirements	(590.009)
		30. Other	

5.3 Violations Form-14 etc

Number of Violated Provisions Related  
To Foodborne Illnesses Interventions  
and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF REINSPECTION:**

Inspector's Signature: <i>Laurie Cence</i>	Print: <i>Laurie Cence</i>	Page ____ of ____ Pages
PIC's Signature: <i>Laurie Cence</i>	Print: <i>Laurie Cence</i>	
Date Last Inspected: <i>12-3-18</i>	Inpected by: <i>m.l</i>	

<i>Satisfactory</i>
<i>Hand-8-20-18 Dumps per Month Storage</i>

PLEASE BE ADVISED *LC*

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 68, s. 10.







# CITY OF WALTHAM

## FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health  
110 School Street  
Waltham, MA 02451  
Tel. (781) 314-3305  
Fax. (781) 314-3319

Name	Olympian School		
Address	20 Farnsworth St.		
Telephone			
Owner			
Person in Charge (PIC)	Donna Butler		
Inspector	Mike Delfino		
Date	6/6/19		
Risk Level			
HACCP Y/N			
Time			
In:	8:00-5:00		
Out:	1:00		
Permit No.			
Type of Operation(s)	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast		
Type of Inspection	<input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

*(Handwritten circle around "Yes")*

Non-compliance with:  
 Anti-Choking  Tobacco   
 590.009 (E)  590.009 (F)

### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

#### FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Resolving / Condition
- 6. Triage / Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures / HACCP Plans

#### PROTECTION FROM CONTAMINATION

- 8. Separation / Segregation / Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygiene Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)**  
 Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Y	N	Item Description	Code Reference
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		29. Special Requirements	(590.009)
		30. Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 106 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If appealed by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

#### DATE OF REINSPECTION:

Inspector's Signature:	Print:	Page ____ of ____ Pages
PIC's Signature:	Print:	
Date Last Inspected:	Inspected by:	

Satisfactory
Hand - 8-10-18 (Annual) Dumpster ✓ Bath/Hair ✓ Storage ✓

PLEASE BE ADVISED OB

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 28 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



# CITY OF WALTHAM

## FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health  
119 School Street  
Waltham, MA 02451  
Tel. (781) 314-3305  
Fax. (781) 314-3318

Name <u>Plympton School</u>	Date <u>9/17/17</u>	Type of Operation(s)	Type of Inspection
Address <u>20 Farnsworth St.</u>	Risk Level	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC) <u>Donna Butler</u>	Time	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector <u>Irene A. Colon</u>	In/ <u>10:00</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
	Out/ <u>5:15</u>	<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other _____
		Permit No.	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

*Y*  
Non-compliance with:  
Ani-Choking  Tobacco   
690.009 (E)  690.009 (F)

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties *Y*

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Sources  
 5. Receiving / Condition  
 6. Tags / Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures / HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation / Segregation / Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygiene Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)**  
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Y	N	Violation Description	Code Reference
		23. Management and Personnel	(FC-2)(690.003)
		24. Food and Food Protection	(FC-3)(690.004)
		25. Equipment and Utensils	(FC-4)(690.005)
		26. Water, Plumbing and Waste	(FC-5)(690.006)
		27. Physical Facility	(FC-6)(690.007)
		28. Potentially or Toxic Materials	(FC-7)(690.008)
		29. Special Requirements	(690.009)
		30. Other	

3:0000upc/Form#-14.doc

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 690.000/Federal Food Code. This report, when signed below by a Board of Health member or his agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF REINSPECTION:** \_\_\_\_\_

Inspector's Signature: <u>I. Colon</u>	Print: <u>Irene A. Colon</u>	Page ____ of ____ Pages
PIC's Signature: <u>D. Butler</u>	Print: <u>Donna Butler</u>	
Date Last Inspected: <u>6-5-17</u>	Inspected by: <u>M. D.</u>	

<i>Satisfactory</i>	
---------------------	--

PLEASE BE ADVISED DP.

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clauses 28 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



**CITY OF WALTHAM**  
**FOOD ESTABLISHMENT INSPECTION REPORT**

**Board of Health**  
118 School Street  
Waltham, MA 02451  
Tel. (781) 314-3305  
Fax. (781) 314-3319

Name <i>Woltham High School</i>	Date <i>6-6-17</i>	Type of Operation(s)	Type of Inspection
Address <i>617 Lexington St.</i>	Risk Level	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	HACCP/Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person In Charge (PIC) <i>Carol Shwan</i>	Time In: <i>10:05</i>	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector <i>James De Cola</i>	Out: <i>10:20</i>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other _____
		Permit No.	

**Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.**

*Non-compliance with:*  
Anti-Choking 890.009 (E)  Tabacco 590.009 (F)

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**

**Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.**

## **FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties Yes

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employees and PIC
  - 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
  - 5. Receiving / Condition
  - 6. Tags / Records/Accuracy of Ingredient Statements
  - 7. Conformance with Approved Procedures / HACCP Plans

#### **PROTECTION FROM CONTAMINATION**

- 8. Separation / Segregation / Protection
  - 9. Food Contact Surfaces Cleaning and Sanitizing
  - 10. Proper Adequate Handwashing
  - 11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Hendwesh Facilities

#### **PROTECTION FROM CHEMICALS**

- 14. Approved Food or Color Additives
  - 15. Toxic Chemicals

## **TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

- 16. Cooking Temperature
  - 17. Reheating
  - 18. Cooling
  - 19. Hot and Cold Holding
  - 20. Time As a Public Health Control

#### **REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

- #### 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)**  
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Y	N	Description	(FC-2)(\$60,000)
		23. Management and Personnel	(FC-2)(\$60,000)
		24. Food and Food Protection	(FC-3)(\$60,004)
		25. Equipment and Utensils	(FC-4)(\$60,008)
		26. Water, Plumbing and Waste	(FC-5)(\$60,006)
		27. Physical Facility	(FC-6)(\$60,007)
		28. Poisonous or Toxic Materials	(FC-7)(\$60,008)
		29. Special Requirements	(\$60,009)
		30. Other	

**Number of Violated Provisions Related To Foodborne Illness Interventions and Risk Factors (Bad Items 1-22):**

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR \$90.00/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF REINSPECTION:**

Inspector's Signature: <i>F. A. Ceballos</i>	Print: <i>Fernando A. Ceballos</i>	Page ____ of ____ Pages
PIC's Signature: <i>C. Ceballos</i>	Print: <i>CAROLYN CEBALLOS</i>	
Date Last Inspected: <i>7-12-12</i>	Inspected by: <i>M.D.</i>	

PLEASE BE ADVISED CFB

The completed inspection report form is a public record as defined in M.G.L. c. 4, § 7, clause 28 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, § 10.



**CITY OF WALTHAM**  
**FOOD ESTABLISHMENT INSPECTION REPORT**

**Board of Health**  
118 School Street  
Waltham, MA 02451  
Tel. (781) 914-3305  
Fax. (781) 914-3319

Name <u>Waukegan High School</u>	Date <u>9/4/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>617 Lexington ST.</u>	Risk Level		
Telephone			
Owner	HACCP Y/N		
Person In Charge (PIC) <u>Chad Thivierge</u>	Time In: <u>10:00</u> Out: <u>10:25</u>		
Inspector <u>Tracy A. Coffey</u>	Permit No.		

**Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.**

#### **Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**

**Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.**

**Non-compliance with:**  
**Anti-Choking**      **Tobacco**  
**590.009 (E)**      **590.009 (F)**

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties**

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employees and PIC
  - 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
  - 5. Ractesting / Condition
  - 6. Tags / Records/Accuracy of Ingradients Statements
  - 7. Conformance with Approved Procedures / HACCP Plans

#### PROTECTION FROM CONTAMINATION

- 8. Separation / Segregation / Protection
  - 9. Food Contact Surfaces Cleaning and Sanitizing
  - 10. Proper Adequate Handwashing
  - 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
  - 13. Handwash Facilities

#### **PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/Temperature Controls (Potentially Hazardous Foods)

- 16. Cooking Temperature
  - 17. Reheating
  - 18. Cooling
  - 19. Hot and Cold Holding
  - 20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- #### 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- #### **□ 22. Posting of Consumer Advisories**

**Violations Related to Good Retail Practices (Blue Items)**  
**Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

Y	N		
		23. Management and Personnel	(FC-2)(\$90,003)
		24. Food and Food Protection	(FC-3)(\$90,004)
		25. Equipment and Utensils	(FC-4)(\$90,006)
		26. Water, Plumbing and Waste	(FC-5)(\$90,008)
		27. Physical Facility	(FC-6)(\$90,007)
		28. Poisonous or Toxic Materials	(FC-7)(\$90,008)
		29. Special Requirements	(\$90,005)
		30. Other	

**Number of Violated Provisions Related  
To Foodborne Illnesses Interventions  
and Risk Factors (Red Items 1-22):**

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 106 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF REINSPECTION:**

Inspector's Signature: <i>Ralph</i>	Print: <i>Tom A. Colas</i>	Page ____ of ____ Pages
PIC's Signature: <i>Carol E. Hwang</i>	Print: <i>Carol Ehwg</i>	
Date Last Inspected: <i>6-6-19</i>	Inspected by: <i>T.C.</i>	

PLEASE BE ADVISED

CE

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clauses 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 6B, s. 10.



# CITY OF WALTHAM

## FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health  
119 School Street  
Waltham, MA 02451  
Tel. (781) 314-3305  
Fax. (781) 314-3319

Name <i>Whitmore School</i>	Date 3/31/19	Type of Operation(s)	Type of Inspection
Address 321 Parmenter rd.	Risk Level	<input type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Telephone		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection
Person In Charge (PIC) <i>Shirley Ananian</i>	Time	<input type="checkbox"/> Mobile	Date:
Inspector <i>M. Deltav</i>	In: 10:30	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
	Out: 10:45	<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
			<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other
		Permit No.	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:  
Anti-Choking Tobacco  
590.009 (E)  590.009 (F)

### **Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

#### FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employees and PIC
- 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving / Condition
- 6. Tags / Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures / HACCP Plans

#### PROTECTION FROM CONTAMINATION

- 8. Separation / Segregation / Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)**  
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Y	N	Item Description	Code Reference
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		29. Special Requirements	(590.009)
		30. Other	

3. Suspect Formulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

#### DATE OF REINSPECTION:

Inspector's Signature: <i>M. Deltav</i>	Print: <i>Mire Deltav</i>	Page _____ of _____ Pages
PIC's Signature: <i>Shirley Ananian</i>	Print: <i>Shirley Ananian</i>	
Date Last Inspected: <i>2-12-19</i>	Inspected by: <i>I.C.</i>	

<i>Safeway</i>
<i>1/20/19 (Annual) Dumpster Bath/Water Storage ✓</i>

PLEASE BE ADVISED *GK*

The completed inspection report form is a public record as defined in M.G.L. c. 4, a.7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



# CITY OF WALTHAM

## FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health  
119 School Street  
Waltham, MA 02451  
Tel. (781) 314-3305  
Fax. (781) 314-3319

Name <i>Whittemore School</i>	Date <i>7/11/14</i>	Type of Operation(s)	Type of Inspection
Address <i>36 Carpenter road</i>	Risk Level	<input type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	HACCP/Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person In Charge (PIC) <i>Shirley Arman</i>	Time	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector <i>M. De Fino</i>	In: <i>10:55</i>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
	Out: <i>7/11/14</i>	<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other
		Permit No.	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:  
Anti-Choking  Tobacco   
590.009 (E)  590.009 (F)

### **Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

#### FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

- 12. Prevention of Contamination from Hands
- 13. Handwashing Facilities

#### EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infectious Restricted/Excluded

#### PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

#### FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving / Condition
- 6. Trace / Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures / HACCP Plans

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 18. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

#### PROTECTION FROM CONTAMINATION

- 8. Separation / Segregation / Protection
- 9. Food Contact Surface Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)**  
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Y	N	Violation Description	Code Reference
		23. Management and Personnel	(FC-2)(590.009)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.006)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		29. Special Requirements	(590.008)
		30. Other	

Number of Violated Provisions Related To Foodborne Illness Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF REINSPECTION:**

Inspector's Signature: <i>Mike De Fino</i>	Print: <i>Mike De Fino</i>	Page _____ of _____ Pages
PIC's Signature: <i>Shirley Arman</i>	Print: <i>Shirley Arman</i>	
Date Last Inspected: <i>5-87-14</i>	Inspected by: <i>m</i>	

Safety
Food - 8-14-14 Dumpster / Bath/tow / stored ✓ milk ✓

PLEASE BE ADVISED *[Signature]*

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



# CITY OF WALTHAM

## FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health  
119 School Street  
Waltham, MA 02451  
Tel. (781) 914-3305  
Fax. (781) 914-3310

Name <u>William F. Stanley School</u>	Date <u>2-6-16</u>	Type of Operation(s)	Type of Inspection
Address <u>250 South St.</u>	Risk Level	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC) <u>Lisa M. A.</u>	Time	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector <u>Ivan A. Cola</u>	In: <u>7:30</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
	Out: <u>9:50</u>	<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other
		Permit No.	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:  
Anti-Choking  Tobacco   
590.009 (E)  590.009 (F)

Yes

### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties Yes

12. Prevention of Contamination from Hands

13. Handwash Facilities

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employees and PIC  
 3. Personnel with Infections Restricted/Excluded

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receipting / Condition  
 6. Tags / Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures / HACCP Plans

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### PROTECTION FROM CONTAMINATION

8. Separation / Segregation / Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)**  
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Y	N	Violation Description	Citation
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-8)(590.008)
		27. Physical Facility	(FC-9)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.009)
		29. Special Requirements	(590.009)
		30. Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF REINSPECTION:**

Inspector's Signature: <u>Ivan A. Cola</u>	Print: <u>Ivan A. Cola</u>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <u>Lisa M. A.</u>	Print: <u>Lisa M. A.</u>	
Date Last Inspected: <u>12-6-16</u>	Inspected by: <u>T.C.</u>	

<u>Satisfactory</u>
<u>JSM</u>

PLEASE BE ADVISED

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s.10.



# CITY OF WALTHAM

## FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health  
119 School Street  
Waltham, MA 02451  
Tel. (781) 314-3305  
Fax. (781) 314-3319

Name <i>William F. Greenley school</i>	Date <i>3/30/19</i>	Type of Operation(s)	Type of Inspection
Address <i>280 South St</i>	Risk Level	<input type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Telephone		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection
Person In Charge (PIC) <i>J. L. L.</i>	Time In: <i>10:30</i>	<input type="checkbox"/> Mobile	Date:
Inspector <i>M. DelFino</i>	Out: <i>10:45</i>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
		<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
			<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other
		Permit No.	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:  
Anti-Choking Tobacco  
590.009 (E)  590.009 (F)

### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

#### FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

*yes*

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

#### EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

#### PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

#### FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving / Condition
- 6. Tag / Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures / HACCP Plans

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

#### PROTECTION FROM CONTAMINATION

- 6. Separation / Segregation / Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)**  
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Y	N	
		23. Management and Personnel (FC-2)(590.009)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Potentious or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

5. Inspector Form 1-10

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF REINSPECTION:**

Inspector's Signature: <i>G. L. L.</i>	Print: <i>Mike DelFino</i>	Page <input type="text"/> of <input type="text"/> Pages
PIC's Signature: <i>L. S. T. S. M. D. L. A.</i>	Print: <i>L. S. T. S. M. D. L. A.</i>	
Date Last Inspected: <i>3-12-19</i>	Inspected by: <i>T.C.</i>	

<i>Satisfactory</i>
<i>Hood 18-8-18 (Annual) Dispenser J Bush 1/2 and storage ✓</i>

PLEASE BE ADVISED *L.S.T.S.M.D.L.A.*

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



**CITY OF WALTHAM**  
**FOOD ESTABLISHMENT INSPECTION REPORT**

**Board of Health**  
119 School Street  
Wellham, MA 02451  
Tel. (781) 314-3305  
Fax. (781) 314-3319

Name	William F Stanley Solvo I.	Date	9/16/12	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection
Address	250 South St.	Risk Level		Previous Inspection Date:			
Telephone							
Owner		HACCP V/N					
Person In Charge (PIC)	<i>Jefferson</i>	Time	In/Out DT				
Inspector	<i>Stan B. Colon</i>	Duty D:SD		Permit No.			<input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____

**Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.** Non-compliance with:

Non-compliance with:  
Anti-Choking 690.009 (E)  Tobacco 690.009 (F)

#### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

**Violations Related to Health**  
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties**

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employees and PIC
  - 3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

- 4. Food and Water from Approved Source
  - 5. Receiving / Condition
  - 6. Tags / Records/Accuracy of Ingredient Statements
  - 7. Conformance with Approved Procedures / HACCP Plans

#### **PROTECTION FROM CONTAMINATION**

- 8. Separation / Segregation / Protection
  - 9. Food Contact Surfaces Cleaning and Sanitizing
  - 10. Proper Adequate Handwashing
  - 11. Good Hygiene Practices

- 12. Prevention of Contamination from Hands
  - 13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
  - 17. Reheating
  - 18. Cooling
  - 19. Hot and Cold Holding
  - 20. Time As a Public Health Control

## **REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

- #### 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)**  
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Y	N		
		23. Management and Personnel	(FC-2)(500.003)
		24. Food and Food Protection	(FC-3)(500.004)
		25. Equipment and Utensils	(FC-4)(500.005)
		26. Water, Plumbing and Waste	(FC-8)(500.008)
		27. Physical Facility	(FC-6)(500.007)
		28. Potentious or Toxic Materials	(FC-7)(500.009)
		29. Special Requirements	(500.009)
		30. Other	

**Number of Violated Provisions Related  
To Foodborne Illnesses Interventions  
and Risk Factors (Red Items 1-23):**

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 108 CMR 580.500/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violation cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF REINSPECTION:**

Inspector's Signature:	Print: <i>Irvin A. Colon</i>	Page _____ of _____ Pages
PIC's Signature:	Print: <i>Lisa S. Mota</i>	
Date Last Inspected:	Inspected by: <i>M.D.</i>	

**PLEASE BE ADVISED**

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 2B and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.